



SENEGAL

U.S. Agency for International Development (USAID)
Population, Health, and Nutrition Briefing Sheet

Country Profile

Senegal, one of Africa's few stable, multiparty democracies, continues to suffer major economic and social difficulties fueled by its rapid population growth, environmental degradation, unemployment, and increasing gap between the minuscule modern sector based in Dakar and the rest of the economy. Municipal and local elections held in November 1996 marked a milestone in Senegal's political development as appointed local officials were replaced by 28,000 elected officials. This was a genuine step toward greater democracy, decentralization, and accountability to local constituencies. The political landscape is being further transformed by growing urbanization, an increasingly powerful independent media, the growth of civil society, including local private voluntary organizations (PVOs), the changing but still significant role of the French in Senegal, and market liberalization.

USAID Strategy

USAID's central strategy in family planning and health is to help Senegal decrease population growth and improve living standards by increasing access to, demand for, and the quality of services in family planning, maternal and child health (MCH), and prevention of HIV/AIDS and other sexually transmitted infections (STIs). Though some activities are nationwide in scope, USAID's program focuses on six of Senegal's 10 regions, including Kaolack, Fatick, Louga, and Ziguinchor. Building on past successes, the program strategy focuses on strengthening Senegalese capacity in information, education, and communication (IEC) activities; contraceptive logistics; and management of local health committees. Complementing these efforts are initiatives to improve health care financing, and data collection and use for decision-making in the health sector.

Major Program Areas

Promotion of Family Planning. USAID-supported family planning activities range from public policy dialogue to nationwide contraceptive social marketing and technical training for public and private sector health workers.

USAID supports capacity building efforts for the National Family Planning Program and nongovernmental organizations (NGOs). USAID is also conducting pilot activities in community-based distribution of contraceptives by PVOs in rural areas.

Prevention and Control of HIV/AIDS and other STIs. USAID supports mass media interventions, targeted information campaigns, condom social marketing, and research activities designed to help slow the spread of HIV/AIDS in Senegal. USAID is working with the Ministry of Health to operationally integrate STI control into MCH and family planning programs. USAID support focuses on the six target regions, and Dakar and Thies.

Child Survival. Viewing child survival improvements as integral to reducing fertility, USAID is helping the Ministry of Health upgrade the quality of and access to child survival services in focus regions. Improving nutrition interventions, management of diarrheal diseases through oral rehydration salts (ORS), and the integrated management of childhood illnesses (IMCI) are key activities. USAID also supports a variety of child survival interventions conducted by PVOs in rural areas.

Results

- Improved access to family planning services. With USAID assistance, 13 regional family planning referral centers are now functioning and 80 percent of rural health posts in four target regions are fully equipped and staffed to provide family planning services.
- Increased knowledge of family planning. Between 1992 and 1996, the percentage of women who knew of two or more modern contraceptive methods increased from 57 percent to 70 percent. Among men, the rate increased from 32 percent to 50 percent.
- Use of modern family planning methods increased from 4.8 percent of women of reproductive age in 1992 to 7.1 percent in 1996-97, with a high of 19.3



Bureau for Africa

U.S. Agency for
International Development

1300 Pennsylvania Ave., N.W.
Washington, DC
20523-3600

Tel: 202-712-0540
Fax: 202-216-3046

E-mail:
africawb@rrs.cdie.org
Website:
www.info.usaid.gov/regions/afr

percent in urban areas, where USAID's program has been concentrated. PVO partners report a 1997 contraceptive prevalence rate of 6.1 percent in specific rural areas, almost three times higher than the national rural rate of 2.1 percent.

- Improved access to child survival services. The percentage of service delivery points with a provider trained in diarrhea case management and an adequate stock of ORS more than doubled in one year, from 32 percent in 1996 to 67 percent in 1997.
- Use of exclusive breastfeeding through four months, increased from 6 percent of mothers practicing in 1994 to 17 percent in 1997.
- Increased knowledge of means to prevent STIs. In 1997, 90 percent of the general population could identify two or more appropriate means of protection, far surpassing the 1996 achievement of 60 percent as well as USAID's ultimate 1998 target of 80 percent.

Success Stories

USAID has played a major role in promoting and facilitating the adoption of better family planning and health strategies and practices in Senegal. For example, USAID has been instrumental in the adoption of the syndromic approach to STI case management, in developing national norms and protocols for family planning and child survival service delivery, and local pilot testing of IMCI and a minimum package of nutrition services for eventual incorporation into Senegal's primary health care minimum package. USAID efforts in social marketing of contraceptives and ORS have laid the groundwork for their inclusion in the "Bamako Initiative," whereby local cost recovery facilitates improved community service quality and use. Health facilities now charge standardized fees for services, drugs, condoms, and other contraceptives, and have the authority to retain a portion of the receipts for resupply and community mobilization activities. Users are ready to pay for higher quality services and, in some cases, local facilities have collected enough revenue to pay health workers' salaries. As a result, key commodities such as critical STI drugs are now readily available in community health facilities.

Surveillance data show that the prevalence of HIV remains low in Senegal, rising from roughly 1.2 percent of the general population in 1995 to about 1.4 percent in 1997. Though the reasons for the apparent sustained low level of HIV infection in the general population are not yet fully known, a recent study attributes the low HIV prevalence rate to many actions since the late 1980s that USAID had strongly supported. These include preventive action, rather than denial, by Senegalese authorities early in the epidemic, information activities through the National AIDS Prevention Committee; effective blood screening in each of Senegal's 10 regions; adopting the syndromic approach to STI case management; and involving traditional, religious, and political opinion leaders in IEC activities. USAID's social marketing program has also succeeded in significantly increasing access to condoms by moving sales beyond pharmacies into hotels, bars, petrol stations, grocery stores, and other more accessible venues.

Continuing Challenges

Although Senegal has made considerable progress, significant challenges remain in lowering levels of fertility, infant and child mortality, and HIV prevalence (which remains disturbingly high among tuberculosis patients and commercial sex workers). With a greatly enhanced capacity in health and family planning, Senegal is in a stronger position to jump to higher levels of service use, but years of inadequate investment in human and physical infrastructure continue to impede more rapid advances. For example, USAID has been a central actor in the completion and diffusion of service delivery protocols and in training Ministry of Health staff to use these guidelines, however, the guidelines have not been uniformly applied by front-line health workers. Local governments, in turn, have delayed release of health funds, pointing to the need for effective local empowerment in conjunction with decentralization. USAID is currently undertaking a study on the impact of decentralization on the health sector to propose corrective actions to the government and other donors.



Bureau for Africa

U.S. Agency for
International Development

1300 Pennsylvania Ave., N.W.
Washington, DC
20523-3600

Tel: 202-712-0540
Fax: 202-216-3046

E-mail:
africawb@rrs.cdie.org
Website:
www.info.usaid.gov/regions/afr